

<b>Case Number:</b>	CM13-0056055		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/12/2011
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 51 year-old with a date of injury of 04/12/11. A progress report associated with the request for services, dated 07/25/13, identified subjective complaints of mid-back and bilateral radicular symptoms. Objective findings included mid-back spasms. Motor function was normal. An MRI in 2012 did not reveal any thoracic disc that was protruding onto the neural foramina. Diagnoses included thoracic radiculitis. Treatment has included NSAIDs, anti-seizure agents, and topical anesthetics. A Utilization Review determination was rendered on 10/28/13 recommending non-certification of "thoracic spine epidural steroid injection T7-8".

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **THORACIC SPINE EPIDURAL STEROID INJECTION T7-8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Epidural Steroid Injections.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect

impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) states that an epidural steroid injection "offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. The patient does not have documented objective findings of a radiculopathy supported by imaging. Therefore, there is no documented medical necessity for an epidural steroid injection.